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Sex Education and Family Planning Services for Adolescents in Latin America: The Example of El Camino in Guatemala

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SEX EDUCATION AND FAMILY PLANNING SERVICES FOR ADOLESCENTS IN LATIN AMERICA: THE EXAMPLE OF EL CAMINO IN GUATEMALA

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ABSTRACT

This report focuses on one pilot project in Latin America that provides sex education and contraceptive services to urban adolescents. The evaluation looks at the Center's operations, focusing on its efforts to develop a balanced approach to serving adolescents by providing effective education and contraceptives, but also recognizing that teenagers have other needs, including counseling, health care, recreation and vocational training.

In order to move towards greater self-sufficiency, the Center reached out successfully for community volunteers. It also raised public awareness about the importance of its services and generated increased good will toward the program. The problems and achievements of the Center provide a model for other private agencies and public institutions that seek to address the needs of young people in Latin America.

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Appendix A lists all of the individuals contacted for this assignment; each of them was invariably courteous, straightforward, and supportive of the effort to document the achievements and problems of El Camino. Muchisimas gracias a todos. The interpretation and recommendations expressed herein are solely those of the author and do not necessarily reflect the perspective or policies of any of the sponsoring institutions.

INTRODUCTION AND BACKGROUND

This report examines the development of Centro del Adolescente "El Camino," a teenage multipurpose center that offers sex education and contraceptive services in Guatemala City. Supported by The Pathfinder Fund through a U.S. Agency for International Development (USAID) population grant from 1979 through 1984, El Camino represents one approach to adolescent issues in Latin America.

The author spent three weeks in Guatemala City during February 1984, interviewing a wide variety of people associated with the Center or with adolescent services. These included administrators from APROFAM, the parent organization of El Camino, and all of the staff and several young people at the Center. Various national and governmental agency officials, USAID administrators, university faculty, physicians and health care personnel, social workers and other community representatives were also interviewed. In addition, the author spent approximately seven hours observing and sometimes participating in different activities of El Camino, as well as analyzing administrative documents, research reports, and client records. Representatives of Pathfinder were interviewed in Boston and Bogota. Administrators of Pathfinder, APROFAM, and El Camino reviewed a draft of the author's report, providing additional information and suggestions.

The final report summarizes the need for adolescent services in Guatemala and the organizational history of El Camino, as well as other philosophies of sex education and program models in Guatemala City. It suggests that cost variables must be considered within the context

of sociocultural factors affecting programs to provide sex education and contraceptive services to teenagers in Latin America.

Adolescent Sex Education and Contraceptive Services in Latin America

The Pathfinder Fund's directors and staff began to focus on the problems and implications of adolescent fertility in the 1970's. Although different patterns of adolescent fertility emerge, depending on each region's social and economic factors, there are several basic commonalities: 1) the probability of increased health risks for women in early childbearing, particularly higher rates of maternal and neonatal mortality and morbidity; 2) the increased likelihood of adolescent premarital pregnancy, stemming from continued rural-to-urban migration in Third World countries, which undermines the authority of traditional family patterns; 3) the continuing rapid population growth as members of the under-16 age group (who make up almost half the population in most Third World nations) move into the prime reproductive period of ages 20-29; and 4) the low worldwide accessibility of adolescents to contraceptive information and services (The Pathfinder Fund, 1983).

An international study during 1976-77 on the status of sex education in Latin America outlined a multiplicity of objectives. It noted that most Latin American professionals sharply distinguish between the fields of sex education and family planning. The study emphasized that the two should not be confused because their orientation and goals, though complementary in many aspects, are different. For example, specialists defined the principal objectives of sex education as: positive attitudes, information and knowledge, and acceptance of sexuality as part of one's

personality. Less than four percent of the respondents identified the preparation of children and adolescents for responsible sexual activity as a primary objective. They also categorized the major obstacles to more and improved sex education programs: the lack of personnel and trained professionals; cultural factors and traditional attitudes; scarce economic resources; and the indifference of public officials (Salcedo V., 1979).

Participants at a 1982 workshop on sex education programs for adolescents in Mexico, Central America, and the Caribbean noted that reliable data on adolescent fertility trends in Latin America are limited. Almost no publicly supported sex education programs exist. Other common limitations included: a lack of communication between parents and children; negative attitudes of social service professionals; and the lack of sex education and contraceptive information available to adolescents (Terborgh and Monterroso, 1983).

Guatemala: A Growing Country of Young People

This Central American country covers approximately 42,000 mostly mountainous square miles. According to a United Nations agency, Guatemala had 7,262,000 inhabitants in 1980, almost 40% of whom are characterized as extremely poor, and an additional 32% of whom cannot satisfy their basic needs. Other data document the serious nutritional deficiencies, high infant mortality, low life-expectancy figures, high illiteracy rates, and housing problems for significant portions of the population (Comision Economica para America Latina, 1982-b).

Guatemalans are primarily a rural people; only 34% live in urban areas. Recent surveys indicate that about 40% of the urban population are fourteen or under. The capital, Guatemala City, is home to the majority of urban dwellers, with a population recorded at 1,001,000 in 1980 (although local observers suggest that it may be closer to 2,000,000 in 1984 due to rapid migration from rural areas in the last few years). Guatemala City is not so heavily characterized by the severe poverty typical of rural Guatemala, yet the residents of the capital include a significant portion of poor families. Fundamental problems of unemployment and the high number of young dependents place great strains on family members (Comision Economica para America Latina, 1982-a).

Interviews by the author of this report with social service professionals and community workers in Guatemala City underscored these statistics and conclusions. Young people are often pressured to drop out of school and to seek any kind of part-time work in an effort to increase family income. The society's social and economic crisis has blocked efforts to focus on the unique developmental needs of Guatemalan adolescents, and there are few educational, health, or social services that target young people outside of the public and private secondary education sector.

People in family planning services became more aware of these problems as they encountered growing numbers of young women with unplanned and often unwanted pregnancies. Much of their attention and energy came through or in cooperation with the Asociacion Pro-Bienestar de la Familia de Guatemala (APROFAM), a private non-profit family planning

organization. A group of physicians, nurses, and social workers founded APROFAM in 1964, and the organization became the local affiliate of the International Planned Parenthood Federation in 1965. Its major objective is to promote family health, particularly maternal and child health, by providing contraceptive services and family life education.

The Executive Director of APROFAM has noted the significance of the adolescent pregnancy problem for Guatemalan society. Census data for 1973 showed that 17% of all births were to women nineteen years old or younger, while 10.3% of birth-related deaths occurred among young women in that age group. The other negative consequences of adolescent fertility include problems of unwanted and abandoned children, forced marriages, and loss of opportunities for women (Santiso, 1977).

A research study done by APROFAM in 1976-77 analyzed 2,900 abortion cases throughout the country and found that less than one percent of the women received contraceptive services upon leaving the hospitals. Of the group, 15% were young women nineteen or under. A follow-up study of 2,500 abortion patients in 1979 recorded similar figures: only 0.5% left the hospital with a contraceptive method, 14.5% of the patients were nineteen or younger, and 5% were seventeen or younger (Santiso G., Salich, Chajon, and James, 1981).

An international study on sex education in Latin America indicated that most Guatemalan professionals in this field concentrated on informational aspects and attitude formation as goals of sex education. Few mentioned the objective of increased knowledge about family planning in terms of encouraging responsible sexual behavior. Recommendations

from this study urged APROFAM to place greater emphasis on sex education and responsible parenting in its future programs (Salcedo V., 1979).

In 1979, APROFAM sponsored the first National Seminar on Youth Problems, which specifically targeted sex education as a primary goal for Guatemalan youth. The first recommendation of the meeting was that other private institutions take the initiative to create youth centers to help teenagers in their development, citing as an example the Centro del Adolescente "El Camino" of APROFAM (Unidad de Programa Educativo, APROFAM, 1979).

CENTRO DEL ADOLESCENTE "EL CAMINO"

The concept of a multipurpose adolescent service center in Guatemala City, which would be the site of sex education and contraceptive resources for teenagers, developed out of Guatemalan experiences of the 1970's. There were several preliminary public forums that examined adolescent problems of sexuality and contraception. International conferences attended by Guatemalans offered new ideas and contacts. After an APROFRAM representative visited "The Door," an integrated social services center for teenagers in New York City, the formulation of an authentically Guatemalan project of a similar nature began to move quickly.

Careful attention was given to an implementation process that ensured that the Center would have an identity separate from its sponsor: APROFAM deliberately did not locate the Center in its building or in one of its clinics, but instead in a freestanding facility. Although

one of its clinics, but instead in a freestanding facility. Alth El Camino has since moved twice, it has maintained this separation.

The first director was a dynamic young educator with consider experience in youth work. He had the assistance of a full-time so worker, a full-time nurse, a half-time psychologist, a part-time physi (two hours daily), a full-time secretary, and a full-time janit In addition, APROFAM formed an Advisory Committee that included seve key people from diverse local and national organizations, such as Ministries of Education and Health, the National Lottery, and a Cath family education center.

Once Pathfinder funding was obtained, the staff attempted to implem a program of services and to develop a positive public image that wc attract young people to El Camino. Emphasizing sex education and cont ceptive services, the original structure included four divisions departments: Outreach (coordinated by the director), Orientation (co dinated by the social worker), Counseling Services (coordinated the psychologist), and Medical Services (coordinated by the physicia The Center was located in the central part of Guatemala City, accessi by excellent, inexpensive public transportation from all areas operated from 8:00 A.M. to 5:00 P.M.

The integrated service approach was necessary to attract yo people to the Center and to avoid too heavy an emphasis on family plann services for them, which might cause negative public and politi reactions. As the program got underway, however, the needs, desir and energy of the young people who came to El Camino modified its organi tional goals and activities.

The teenagers' hunger for recreational activities, vocational courses and tutoring programs, dynamic counseling interventions, and medical and dental assistance has made El Camino a truly multipurpose youth center. The emphasis on sex education and the distribution of contraceptives continue to be important components of the program, but service data and surveys of the teenagers who have come there document the extent and significance of the Center's varied activities.

Characteristics of Young People at El Camino

In 1979-80 APROFAM analyzed case files to develop a profile of the young people seeking assistance for their problems at El Camino. The staff reviewed the files of the first one thousand teenagers who came to the Center and who completed the initial intake interview (which identifies specific social, emotional and/or physical problems); seven hundred and fifty files were sufficiently complete to analyze (Santiso G., Pineda H., Guerra T., and Echeverria, 1982).

These seven hundred and fifty adolescents evenly represented the two sexes. Seventy-three percent ranged in age from 14-19, while 12% were 13 or younger and 15.5% were 20-23 years of age. The vast majority were single (94.5%), not working (87%), and enrolled in school (78%).

Only half lived with both parents, while almost one-third lived with a single parent--usually the mother--and siblings. Almost 12% were living with other relatives, while about 6% lived alone or with a spouse, and another 2% with friends. About one-third reported being sufficiently unhappy with their living situations to want a change; of these discontented individuals, over half said that they had run

away from home at least once. More than 13% of the students stated that they did not attend school regularly.

The presence of problems related to drug and alcohol abuse surfaced in the survey. Almost 39% of the adolescents reported that they smoked cigarettes, over half for more than two years. About 37% stated that they drank alcoholic beverages, and 14% reported using drugs--most frequently marijuana (82%), followed by a pattern of combined drug use (almost 10%), inhalants or glue (about 5%), and pills (almost 4%). Although only 104 teenagers (14%) reported actually using drugs, almost twice as many stated that their friends used drugs. Of these, almost half said that all or at least the majority of their friends used drugs.

Table 1 (Appendix B) summarizes the reasons why adolescents came to El Camino, while Table 2 indicates the major treatment or intervention provided to these young people by the program. This study helped APROFAM and the El Camino staff to understand more fully and to educate others about the multiplicity of complex problems that young people seeking assistance brought to the Center. It also provided useful information for improving the program. For example, when the funding agencies realized that almost one-fourth of El Camino's participants did not fall within the adolescent age range of 13-19, there was pressure to concentrate on the target population.

El Camino's Efforts To Develop Local Support

From the beginning of the project APROFAM realized that it needed to develop support and collaborative arrangements with other institutions and agencies so that Centro del Adolescente "El Camino" would eventually

have local funding. Although the early planning efforts did not focus on this issue (due to other pressures), a staffing crisis forced the director and APROFAM to confront the need for additional assistance.

Concerns of the Pathfinder Fund and USAID about staff efficiency and low adolescent participation at the end of the first year led to the elimination of the psychologist's position. Preliminary plans to cut the nurse's and the social worker's positions to half-time were reversed after vehement protests by APROFAM. Nevertheless, El Camino no longer had the means to provide counseling services to teenagers, although the staff knew that this was an important component of their work.

The Center director decided to seek assistance from psychology students at the Universidad de San Carlos en Guatemala, despite the university's much-publicized political radicalism, which included very public opposition by the Schools of Medicine and Psychology to birth control. (See examples of press coverage: Perez Alvedano, 1974; Prensa Libre, 27 de septiembre, 1974; Impacto, 27 de septiembre, 1974; 7 Dias en la USAC, octubre 1974.)

El Camino attracted advanced students interested in doing field work with teenagers. The director met with faculty and supervisors over an extended period to develop a supervised psychology practicum at the Center. Although many San Carlos students were skeptical about El Camino's administrative base within APROFAM, the became enthusiastic supporters of the interdisciplinary approach to young people's problems. The relationship between El Camino and Universidad de San Carlos did not solidify immediately; administrative problems, scheduling, supervision,

lack of funds for testing and psychological assessment materials, etc., were--and continue to be--issues. Yet the four years of volunteer support from the San Carlos Psychology School is clearly one of El Camino's major achievements. In the fifth year, several social work students from the Universidad Landivar, a private Catholic university, complemented the work with San Carlos.

When budgetary concerns arose again in the third year of the program, USAID and Pathfinder decided to eliminate funds for the part-time physician. The interim solution by El Camino administrators was to use two volunteer medical students from San Carlos. For many reasons, this measure did not work effectively. The number of clients declined because the medical students could not maintain regular office hours under the pressure of classes and exams. Because reproductive health and contraceptive methods are not topics in the medical curriculum of the Universidad de San Carlos, the students did not know how to insert IUD's, nor could they assume an active role in sex education presentations at the Center, as the staff physician previously had done. In March 1983, a newly-graduated, certified physician volunteered to take over the medical clinic. He had received family planning training at APROFAM, and he began to rebuild the Center's clientele and play a supportive role in the sex education program.

In the fourth year of El Camino's operation, the staff arranged to add a dental clinic to their services by offering space to two volunteer dental students from the Universidad de San Carlos, who furnished their own equipment and materials and charged minimal fees to recover their expenses.

In order to provide a greater variety of sports and recreational activities, El Camino staff sought out the assistance of the Instituto Nacional de la Juventud (INAJU), the governmental agency that promotes sporting activities. None of the three sites where El Camino had been located had any kind of park or playground area, and so the staff could not respond to the interest in sports. INAJU arranged for El Camino to participate in national sporting events and provided occasional access to its sports facilities for El Camino events.

Other sports contacts interested the leaders of the Federacion Guatemalteca de Ajedrez in the work of El Camino. They initiated a series of highly popular chess competitions held at the Center, in which teams from different institutos compete. Federation officials serve as judges, and the organization awards chess sets to the winners (Prensa Libre, 20 de febrero, 1984).

The El Camino Advisory Committee was formed early in the planning process. It included persons of prestige who served as contacts with other local and national institutions. A Jesuit priest who worked at the Centro de Integracion Familiar, a Catholic family counseling center, served for a time. A physician who directed the Maternal/Child Health Division of the Ministry of Public Health provided valuable contacts with offices and staff there.

APROFAM and the El Camino staff wanted to make the national Ministry of Education aware of their efforts and successes, recognizing that ministerial support could greatly aid them. They maintained close contact with the Counseling Department in the Ministry of Education so that institutos and colegios would refer youths with problems to

El Camino. The director of the Department of Student Welfare was also a member of El Camino's Advisory Committee. In addition to providing advice about program development, she was instrumental in awarding a significant number of secondary tuition scholarships through El Camino to some of its young people. The Center permitted students majoring in education to fulfill their literacy campaign volunteer work by teaching students at El Camino.

The most important collaboration with the Ministry of Education occurred in 1982 when a supporter invited the minister to visit El Camino and assess its importance. The minister was very favorably impressed and donated some furniture and a small but excellent collection of books so that El Camino could open a library for its young people. The minister later pledged a small monthly subsidy that would permit El Camino to move to more spacious quarters. The Center moved, only to be confronted with the removal from office of the minister who had been so enthusiastic. In spite of budgetary constraints, APROFAM decided to maintain the program in the new building because it was clearly a vast improvement over earlier sites.

The El Camino staff has been unable to obtain this kind of direct personal contact and support from subsequent Ministers of Education, though ongoing cooperation continues with mid-level bureaucrats in the different departments. This experience does indicate the fundamental problem of trying to develop significant governmental support in a climate of such political instability.

APROFAM and El Camino also sought to generate support from local business people. There were some monetary contributions, but most

of the donations were materials: tournament trophies from a sporting goods store; sewing machines for a vocational course; the ingredients for a 19-student baking course. APROFAM has not been successful, however, in obtaining monetary support from U.S. transnational corporations in Guatemala City.

The staff also contacted parents about the services and needs of El Camino, and several responded enthusiastically by donating food or cooking meals for the Center's participants. Financial pressures on the young people's families, however, made it difficult for El Camino staff and volunteers to involve parents regularly in the activities of the Center. Although the Center workers recognized the importance of such involvement, this part of the program did not develop as hoped.

In general, observers have agreed that Centro del Adolescent "El Camino" has done a phenomenal job in generating local support--both from volunteers and from national agencies. Several noted that it is a particularly impressive accomplishment in light of the economic and political difficulties that Guatemala is experiencing.

The Youth Multipliers Program

The staff's perceptions of adolescent needs and changes in funding have somewhat modified the structure and operation of the Center. In 1984, the Center included: an Orientation Department coordinated by a full-time social worker; a Medical Clinic operated by a full-time nurse and a part-time volunteer physician; a Dental Clinic run by three part-time university student volunteers; a Counseling Clinic operated by ten part-time psychology and social work student volunteers as a

facet of their supervised field experience; a non-circulating library; a store run by the full-time janitor; a variety of vocational courses (first aid, beauty and charm, typing, sewing); and recreational and sports events (soccer competitions, chess tournaments, weekend parties, films) that are coordinated jointly by staff and volunteers.

In 1983 APROFAM organized an intensive training program for about sixty active El Camino teenagers to discuss in greater detail aspects of sexuality, gender roles, reproductive health, family planning, contraceptive methods, and the idea of adolescents serving as family life education or health promoters. Thirty were chosen to work as El Camino promotores, or youth multipliers, presenting talks, showing audio-visual packages, and distributing written materials in educational and community settings. The promotores receive a token monthly stipend (twenty-five quetzales, about US $20.00) for their services. The Center director coordinates the program, observes their presentations once a month, and closely supervises their recordkeeping.

The youth multipliers refer young people to El Camino for contraceptive services where, after paying a minimal medical consultation fee of $.25, a teenager can receive free contraceptive counseling and supplies. About six months after the initial training, El Camino provided the youth multipliers with a refresher course, which gave them an opportunity to discuss with the director some of the most frequent questions and problems they encountered in their field work.

Data from this program document the impact that the adolescent promotores have had (see Table 3, Appendix B). In order to illustrate this more clearly, the author compiled figures on El Camino's contraceptive

distribution for comparable periods (ten months) during 1981-84. Even though the Youth Multipliers Program had only functioned for eight months, the last period demonstrates significant increases in the distribution of barrier methods: the figure for condoms more than doubled; that for foams, jellies, and creams increased fourfold. While it is not possible to assess the effective use of such barrier methods, the improvement in distribution is noteworthy.

While increased contraceptive distribution was the major goal of USAID's funding the Youth Multipliers Program, much can be learned from assessing the other activities of the promotores and by studying their impact on the Center as a whole (see Table 4, Appendix B). Although there are wide monthly variations, more than 80% of the barrier methods distributed by the Center were to adolescents referred by the youth multipliers.

ASSESSING THE IMPACT OF EL CAMINO

The three sponsoring organizations often engaged in debates about the most important criteria for evaluating the effectiveness of the Center. Three important factors must be examined in order to assess the impact of El Camino in Guatemala: the data on services to adolescents; the indicators of effects on public education and awareness; and institutional changes that may have occurred.

Adolescent Services in the Social Context of Guatemala

Even a superficial analysis of El Camino's service data reveals some of the basic problems. (See Table 5, Appendix B.) Although the Education and Outreach Department documents an increase in vocational training courses and recreational activities throughout the first five years of operation, this department is unique.

Both the Social Services Department and the Medical Clinic show a fairly significant drop-off in the number of cases in the administrative years 1981-82 and 1982-83. For example, although the Social Services Department reported almost three times the number of new cases in the third year (1981-82) as it did during the second, barely 10% of these young people were referred for psychological counseling and only about 8% were referred to other institutions.

More important for the long-range future of El Camino was the noticeable decrease in the number of people who accepted family planning services in the third year. This intensified the ongoing debate between the two funding agencies (USAID and the Pathfinder Fund) and the local

sponsoring organization (APROFAM) about the wisdom of investing significant amounts of population services funds into a multi-purpose youth center that was apparently having little success in contraceptive distribution.

The negotiations about El Camino's goals continued through telephone calls and written correspondence as well as through on-site visits. This was not a new topic; concerns about staff efficiency and low adolescent participation had led to staff reductions at the end of the first and third years. By 1982, numerous meetings and extended negotiations consumed a significant amount of the Center director's time and energy, as well as of the APROFAM administrators. The Pathfinder Fund and USAID generated a pattern of shorter funding cycles (six to nine months instead of the usual twelve) because of the delays in resolving disagreements about El Camino's proposals. The Center's personnel became anxious about salary levels and job security. Poor staff morale was reflected in low adolescent participation figures.

USAID argued that APROFAM needed to push more assertively to make El Camino self-sufficient and/or locally financed. Pathfinder funds (the source of the Center's seed money) were not be used to maintain the Center's operation. While agreeing in principle with the USAID position, Pathfinder's Latin American administrators were sensitive to the difficult situation confronting El Camino at the time.

The early 1980's were a period of grave social and political crisis for Guatemala. While the scope of this report does not allow a comprehensive analysis, it is necessary to point out the repercussions of military rule. Guatemalans speak of "la violencia," a general breakdown of

order throughout the country. It includes military actions by the army against indigenous peoples and villages in the countryside in an effort to undermine the guerrilla movement, as well as paramilitary kidnappings and executions of urban residents by both right wing death squads and leftist guerrilla sympathizers.

The chaos in the capital often appeared to focus on young people, particularly young men. Soldiers and police frequently challenged any young man found on the street. One Guatemalan professional whom the author interviewed said, "Ser joven en Guatemala era algo fatal" (to be a young person in Guatemala was deadly).

This social climate, especially during the years from 1980 to 1982, made free movement by adolescents extremely difficult. Any gathering place or "hangout" of young people became politically suspect. Parents insisted that their teenagers come directly home after school and often refused to allow them to go out in the evenings.

The Center's attempts in these formative years to attract young people were often stymied. On one occasion, police visited El Camino seeking information about suspected leftist students. Although the director successfully dissuaded the commanding officer from taking files or interferring in activities, this action had a chilling effect on the Center's atmosphere.

When the funding agencies decided at the end of the third year (1982) to cut the budget for the part-time physician, it seemed that a catastrophic stage had been reached. USAID continued to insist that APROFAM and other local organizations needed to assume more financial responsibility for the Center's services. The interim solution was

to use the services of two volunteer medical students. While this did maintain the medical clinic, the data (Table 5, Appendix B) indicate the continued decrease in clients, notably those accepting contraceptive pills and IUD's (which the medical students had not learned to insert). Not until March 1983, when a certified physician with APROFAM training volunteered to take over the Medical Clinic services, did El Camino really begin to restore its medical activity.

The relation of volunteer assistance to service data is an important one. Only after two or three years, when El Camino and the Universidad de San Carlos Psychology School had developed a working relationship, did the counseling figures begin to reflect significant achievements (994 cases in the fifth year). Similarly, the addition of a dental clinic in the fourth year was strongly supported by El Camino's adolescent participants and became an important drawing card for the Center in the fifth year because of the energy and enthusiasm of three new student volunteers. All the vocational courses, and the recreational and social events are presented by volunteers with coordination from the staff. Understanding fully the achievements and fluctuations in the service data (documented in this report's tables) requires a sensitivity to the political and administrative pressures that the Center was facing.

Public Education and Awareness

While no surveys have been done to study the public impact of Centro del Adolescente "El Camino," the number and variety of public education efforts undertaken by the staff, volunteers, and young people are impressive. El Camino has sponsored a television show, a radio

program, and a wide variety of sports events (soccer, table tennis and chess tournaments; camping excursions). The first director wrote several articles on adolescent development for Guatemala City newspapers and published an APROFAM pamphlet on youth and sexuality (Echeverria, 1980).

The ongoing efforts in parental and teacher counseling by the Center's staff have been important sources of information for these adults, many of whom reported that they did not have access to other sources of information about teenagers and their problems, sex education, or family communication issues.

The Center's numerous presentations in other institutions and community settings, both by staff (Table 5, Appendix B) and more recently by the youth multipliers (Table 4, Appendix B), have been important public demonstrations of the ability to speak more openly about young people and sex education in Guatemala. These opportunities were not easily achieved. Some teachers and parents complained to school directors, and El Camino's staff had to invest considerable time and diplomatic skill to convince skeptical adults about the legitimacy and importance of the Center's efforts.

The symbol of El Camino is displayed on Center T-shirts, which are sold as yet another fundraiser. The symbol portrays two ostriches, one with its head in the sand, the other looking straight ahead and saying Enfrenta tus problemas (Confront your problems). This image of El Camino's open and supportive approach to young people's development and sexuality appears to reflect a more accepting environment in Guatemala for a broad range of sex education topics and interventions.

Recent newspaper articles have dealt with family planning programs, the relationship between love and sex, and the relationship between family planning and maternity (Castellanos, 1984; Lima, 1984). Yet there are also indicators of strong philosophical disagreement: a seven-part newspaper series on protecting "our young men" that attacked sex education (Escobedo, 1983); an advertisement in the local newspaper purchased by a rural physician that attacked contraceptives in general and APROFAM in particular (Fragua, noviembre 1983); a church bulletin in Guatemala City that challenged the concept that "a small family lives better" (Conferencia Episcopal de Guatemala, 1984).

In light of Guatemalan society's ambivalence about sex education and contraceptive services for adolescents, El Camino's ability to survive and function in such an effective manner testifies both to its flexibility and its influence in fostering a more open dialogue.

Institutional Change

To some extent, the impact of Centro del Adolescente "El Camino" on institutions can be measured in the author's interviews with key individuals in government agencies, educational organizations, and other social service centers. Their major observation was that El Camino had addressed a fundamental problem for Guatemala: the lack of attention to adolescent issues and the absence of services for young people. Several characterized the Center as an admirable yet woefully insufficient resource in light of the large number of teenagers in the capital city. They emphasized that Guatemala needs hundreds of El Caminos. Others identified the Center as an important stimulus

in helping to raise the consciousness of politicians and professional service providers about adolescent needs in the area of sex education and family planning.

More specifically, numerous observers commented that El Camino played an important demonstration role for psychology and medical students at the Universidad de San Carlos en Guatemala, who often held somewhat simplistic ideas about family planning policy due to their sincere nationalist ideology. The Center offered concrete evidence that the holistic development of young people required sex education as an integral component of a larger program and that responsible family planning counseling and contraceptive services were not an imperialistic plot against the Guatemalan people.

Representatives from other governmental institutions continue to express interest and support for El Camino and its multiservice approach to adolescents. For example, early in 1984 the Secretary of Social Welfare requested technical assistance from the Center's director in planning similar programs for rural young people in the departments (states) of Cuilapa, Zacapa, and Coatepeque.

Furthermore, APROFAM has been invited by the Ministry of Education to assume a dynamic leadership role in teacher training. They jointly sponsored the first national course on sex education methodology and techniques in March 1984, providing training to tenured teachers in middle schools and night schools. The two institutions will also offer follow-up supervision. Several people interviewed by the author attributed the possibility of such a collaboration, at least in part, to the excellent reputation of El Camino among officials at the ministry.

Of equal significance, in the opinion of many observers, is the impact that El Camino has had on APROFAM itself. The development and growth of the Center provided APROFAM administrators and staff an opportunity to focus on the problems and needs of adolescents. That they learned a great deal in the process is reflected in the programmatic changes undertaken to make El Camino more responsive to young people's concerns. For example, the Center's hours were changed when a study showed that afternoon was the peak time for arrivals and activities. Medical examinations for family planning were limited to the first prescription of oral contraceptives and subsequent annual check-ups following complaints that more frequent examinations inhibited young women's motivation to use the contraceptives. Dissatisfaction about some teenagers' behavior in the Center led to an emphasis on individual discipline and a more structured environment, which appears to have made El Camino a more comfortable and satisfying place for its participants.

Interviews with several adolescents at El Camino suggest that many young men visit the Center primarily for the fellowship of other young people through social activities and sports events. Young women also come for the vocational courses offered. But as two or three students pointed out, when teenagers arrive they become aware of the available services, particularly family planning. One young man, active for several years at El Camino, emphasized the importance of the open atmosphere created by the Center's staff, which he felt facilitated communication and more honest discussions by young people of their personal and familial problems.

Perhaps the most important lesson reinforced for the APROFAM staff was that in order to deal effectively with the sexual and contraceptive needs of adolescents, they had to view these young people in the context of their family and social setting and within the full range of their biological, emotional, and social problems and resources. The commitment by APROFAM to this multidisciplinary approach has added considerably to their public image and general reputation. APROFAM's success with El Camino increased its stature both in its capability to provide effective sex education and its sensitivity to young people's issues. In Guatemala, where there has been considerable political and public controversy over APROFAM's family planning role, this goodwill generated by El Camino is of special importance.

DIFFERENT GUATEMALAN MODELS AND EXPERIENCES: CAN THEY BE COMBINED?

Two other adolescent programs in Guatemala City were visited and compared with El Camino. The administrators, staff, and young people of these three programs all believe that their own particular program is outstanding. In many respects, they are all correct. There is such an enormous vacuum of services for teenagers in Guatemala and such a need for attention to sex education that most adolescents have no opportunity at all to learn about sexuality and family planning.

An Adolescent Family Life Education Program

The Centro de Integracion Familiar (CIF), a Catholic family counseling center, has a noviazgo (engagement) program for young people ages 12-18. It consists of a series of nine lectures that focus on love and sex education, marriage, reproductive health, and responsible parenting. Presentations are made in both public and private secondary schools without charge (Centro de Integracion Familiar, 1983).

The center is operated and supported by individuals with strong Catholic beliefs. It does not deal extensively with methods of contraception, but the author was told that upon request instructors refe- young people to APROFAM for additional information.

An Adolescent Conntraceptive Distribution Program

At the opposite end of the ideological spectrum from CIF is the Asociacion Guatemalteca para la Educacion Sexual (AGES). A group of social service providers organized AGES in 1978 with the goal of working

with parents in sex education. In the five years of their operation, they have developed an educational curriculum and training center that works with adolescents and adults to expand their knowledge of sex education and family planning issues (Asociacion Guatemalteca para la Educacion Sexual, sin fecha).

In 1980, they received external funding through a USAID grant to train adolescent multipliers in sex education and to develop an adolescent contraceptive distribution program (barrier methods only). Though the staff has struggled through numerous issues of recordkeeping and documentation, the decision to sell contraceptives, and occasional negative public reaction to the nature of their intervention, they view this program as highly successful and cost-effective.

An Adolescent Multipurpose Service Center

APROFAM's decision to open a multipurpose or interdisciplinary youth service center appears to have been based on the fear of generating social controversy or parental opposition if the Center were identified too strongly with contraceptive distribution. But, as a number of people emphasized throughout the author's field visit, APROFAM administrators and staff grew to appreciate the benefits and advantages that this approach represented.

Aside from the importance of the variety of services that young people receive at the Center, El Camino's multiservice orientation has made it very attractive to young professionals who want to broaden their training and experience and to other national institutions and government agencies that would like to help but that do not want to

align themselves too closely with any controversial program heavily identified with adolescent contraceptive distribution.

Which Is Best for Young People in Other Communities?

Each program has important benefits as well as serious problems. The CIF program is committed to a greater investment of time and effort to foster formative learning: the instructor returns to an educational setting nine times in an effort to facilitate dialogue and attitude development, as well as to provide information to the same group of young people. Yet because of CIF's religious orientation, it is unwilling to tackle the issues of family planning and contraception.

AGES emphasizes the importance of making barrier method contraceptives easily accessible to young people. It also attempts to extend its training efforts to more individuals, both adolescents and adults, and to expand the depth of training provided to their young multipliers. AGES is characterized in some sectors as a radical agency that condones and promotes premarital adolescent sexual activity. (See Escobedo, 1983.) This has caused difficulties as the Associacion tries to move toward greater financial stability and self-sufficiency.

The Centro del Adolescente "El Camino" decided to assume a more activist role in contraceptive distribution by developing its Youth Multipliers Program and by having them extend the Center's educational efforts into the community. APROFAM deliberately chose not to have the promotores actually distribute barrier methods but instead to refer young people who wanted contraceptives to the Center's medical clinic for counseling and assistance. This was done to avoid the overly aggressive

image that some individuals attribute to AGES. The primary disadvantage is the high cost of operating the Center and of providing the wide range of services so popular with its adolescent clientele.

There is clearly room for these models, and other combinations as well, in most Latin American societies. All three originally grew out of the creative energy and hard work of volunteer professionals who saw that their society could not afford to wait any longer to address the needs of adolescents for information about reproductive health, sexuality, responsible parenting, gender roles, contraception, and individual decision-making. Each organization looked both to international funding and to local support services to implement its program. Each has struggled with the problem that almost all international funding sources are reluctant to support budgets made up primarily of staff salaries. The difficulty of generating local funding and maintaining consistent and capable volunteer support over time continues to be a major issue for these projects.

Yet each of these three programs has made an important contribution within its range of influence to the development of sex education and family planning services in Guatemala. In that Guatemala is a nation struggling with social problems typical of the Third World, these achievements are especially meaningful and relevant to Latin America.

CONCLUSIONS AND RECOMMENDATIONS

The Centro del Adolescente "El Camino" in Guatemala City represents an interesting model of how a private family planning agency in an impoverished, politically unstable Latin American country with traditional social values developed a successful sex education and contraceptive service program for urban adolescents. Opinions on its achievements are divided into at least two camps.

The Pathfinder Fund invested almost $123,000 in El Camino over a five-year period. Some U.S. observers view its multiservice approach as far too expensive for the number of contraceptives actually distributed to young people. In contrast, some Guatemalan critics deeply resent the emphasis of U.S. population service programs solely on contraceptive distribution and the dependency of the Center on such external funding sources in light of the enormous need of Guatemalan adolescents for comprehensive social services.

The El Camino Adolescent Center served young people in Guatemala's capital city from 1979 through 1984, and its parent organization APROFAM expressed its ongoing commitment to the Center's goals by absorbing the program's basic operational costs into its institutional budget in 1983. What can be learned from this controversy about the achievements and problems of El Camino?

El Camino as a Model

Because of the variety of philosophical, cultural, and religious beliefs about reproduction and family planning in Guatemala, a society

that reflects many realities of other Latin American countries, there is no one program model that can fully address the problems of adolescents with respect to sex education and contraception. Centro del Adolescente "El Camino" symbolizes the efforts of private family planning organizations to develop a balanced approach to serving teenagers: providing effective sex education and contraceptives but also recognizing that Guatemalan young people have other equally pressing needs, including counseling, health care, recreation, and vocational training.

El Camino is an adolescent center that provides many activities--including contraceptive services--and not an adolescent contraceptive distribution center. This makes El Camino very attractive to young people and less threatening, if not always wholly palatable, to their parents. Instead of polarized social and political opposition, the possibility emerges for collaboration with other agencies and institutions dedicated to working with young people. Professionals and university students have volunteered their services, and community people have offered their support.

A basic objective of the Pathfinder Fund, as a donor agency, was always to reduce its financial support and then move on to other demonstration projects. Pathfinder administrators view with considerable admiration APROFAM's efforts to adapt the program so that the Center could continue to provide sex education and contraceptive services. In particular, they view as an enormous accomplishment El Camino's success in moving toward self-sufficiency through the involvement of volunteers--which does not occur too often but which can serve as an example for other Latin American societies. The Center serves as a

positive model to both the private and governmental sectors, stimulating them to replicate and expand its programs.

Program Planning and Evaluation Issues

The emphasis on the development of young people strengthens El Camino's credibility and hence its ability to survive and be effective; however, it also increases the cost of administering such a program. Volunteers help in important ways, yet a trained staff must be in place to coordinate services, care for the facility, and maintain supplies. Most USAID officials associated with the project remain skeptical about the cost-effectiveness of such a multiservice adolescent center for the purpose of contraceptive distribution; debates over the problem of dependency on external or foreign funding sources are likely to continue.

Another basic problem is defining objectives in measurable terms to assess results, not just describing the activities of the program. At best, El Camino can tally the number of presentations made, the number of young people counseled, and the number of contraceptives distributed. The difficulty of defining in evaluative terms "active contraceptive users" among teenagers who only irregularly engage in intercourse and who generally use barrier methods that do not require regular medical supervision, will continue to challenge clinical researchers.

The Center's emphasis on the dissemination of information and barrier contraceptive methods makes it difficult as well to assess the program's influence on the sexual attitudes and behavior of young people. This would require a more elaborate educational intervention

with the adolescents, and a careful, culturally sensitive research study, both of which are beyond the organization's current resources.

Services for Other Young People

An additional problem relates to the type of adolescents reached by El Camino. El Camino is a specifically urban program that recognizes that a significant proportion of Guatemala City's teenagers drop out of school well before their nineteenth birthdays. The adolescents at El Camino come primarily from lower middle class and working class families, not from the highly impoverished areas marginadas (fringe areas) surrounding the capital city.

A USAID official, who recognized how difficult adolescents are as a group to reach, suggested that several coordinated approaches would be necessary: telephone hot lines for teenagers operated by other teenagers in the capital and smaller cities; evening activities in areas where adolescents hang out; more outreach and community-based contraceptive distribution, rather than clinic services; itinerant teams going out to marginal zones and rural areas; and especially the institutionalization of sex education in the elementary school curriculum. Latin American experts in adolescent sex education have expressed concern about the limited services for adolescents, recommending attention to rural programs and informal education approaches for young people not enrolled in school (Terborgh and Monterroso, 1983).

The World Health Organization (WHO) emphasizes the importance of defining adolescence more broadly in order to plan more effective interventions in a variety of health and socio-cultural settings.

The age limits suggested by a WHO committee--ten to twenty years--appear particularly relevant to the field of sex education, given the declining age of menarche and the reports of pregnancies in girls nine, ten, and eleven years old (WHO Expert Committee, 1977). The implications of such an age definition are clear: information about morphological changes and reproduction, mental and psychosocial development, and contraception will have to be presented earlier if adolescents are to make responsible decisions about sexuality and parenthood.

Recommendations to International Funding Agencies

The issues of fiscal accountability and cost-effectiveness of such multipurpose adolescent centers require a consideration of the goals of international funding agencies in relation to those of the society in question. Is the goal a short-term contraceptive distribution program with specific measurable objectives, or a long-range investment in changing a society's attitudes about sex education for children and youth along with the provision of appropriate contraceptive services to sexually active adolescents.

Some observers argue that more radical social interventions, such as the distribution of contraceptives by adolescents to other young people, may cause more harm than good for family planning efforts in traditional societies by generating destructive social and political controversy. In contrast, overly cautious projects that are fearful of disturbing conservative cultural patterns and that focus solely on adolescent awareness, without attention to sex education in the

elementary schools or provision of contraception services, may be insignificant.

Authentic dialogue is therefore necessary between international funding agencies and Latin American service providers about the potential for effective adolescent sex education and contraceptive programs in each society. Funding agencies may have to commit themselves to broader youth development projects and to support beyond one-year funding cycles, while service providers may have to assume a more activist family-planning role in their society.

The example of Centro del Adolescente "El Camino" suggests that even in countries with limited economic resources, traditional cultures, and unstable political systems, a great deal can be accomplished if international funding agencies and local program administrators understand and respect the parameters of effective interventions. The Center also shows the importance of a private family planning organization's developmental role and of volunteer involvement: El Camino serves as a demonstration model both for health care and education professionals and for national governments in Latin America of what is possible--and urgently needed--for adolescent sex education and contraceptive services.

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Appendix A

INDIVIDUALS INTERVIEWED BY THE AUTHOR

Unless otherwise noted, individuals are identified by their present positions, are located in Guatemala City, and were interviewed during February 5-25, 1984. Those whose names are followed by an asterisk were interviewed personally or by telephone during March-April 1984.

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Appendix B

TABLES

Table 1: Reasons Why Troubled Young People Came to El Camino Adolescent Center (1979-80)

Table 2: Major Treatment or Intervention Provided to a Sample of Adolescents at El Camino Adolescent Center (1979-80)

Table 3: Contraceptive Distribution: El Camino Adolescent Center

Table 4: The Youth Multiplier Program (1983-84): El Camino Adolescent Center

Table 5: Services of El Camino Adolescent Center (1979-84)

Table 1

REASONS WHY TROUBLED YOUNG PEOPLE
CAME TO EL CAMINO ADOLESCENT CENTER (1979-80)

(1) Reasons the adolescent sought out the Center's services		
Psychosocial problems	227	(30.2%)
Health problems	225	(30.0%)
Emotional problems	164	(21.9%)
Social problems	134	(17.9%)
	750	(100.0%)
(2) Problems detected by the Center's staff		
Family difficulties which caused emotional problems and poor academic performance	254	(33.9%)
Serious family economic problems	237	(31.6%)
Problems related to pregnancy, induced abortion and/or the need for contraceptive services	190	(25.3%)
Drug addiction	50	(6.7%)
Emotional insecurity related to sexual identity and performance	19	(2.5%)
	750	(100.0%)

Source: Santiso G., Pineda H., Guerra T. and Echevarria (1982). Data are based on a sample of the first 1,000 teenagers who came to El Camino and who completed the intake interview that identified specific social and/or physical problems, with a total number of 750 cases being sufficiently complete to analyze.

Table 2

MAJOR TREATMENT OR INTERVENTION
PROVIDED TO A SAMPLE OF ADOLESCENTS (1979-80)
El Camino Adolescent Center

Psychological therapy	164	(21.9%)
Counseling on contraceptive methods	150	(20.0%)
Medical treatment	100	(13.3%)
Participation in Center courses and activities	74	(9.9%)
Adolescent dropped out of treatment	73	(9.7%)
Employment (through efforts of the Center)	64	(8.5%)
Treatment for venereal disease	50	(6.7%)
Adolescent still in treatment (unspecified)	75	(10.0%)
	750	(100.0%)

Source: Santiso G., Pineda H., Guerra T. and Echevarria (1982). Data are based on a sample of the first 1,000 teenagers who came to El Camino and who completed the intake interview that identified specific social and/or physical problems, with a total number of 750 cases being sufficiently complete to analyze.

Table 3

CONTRACEPTIVE DISTRIBUTION

El Camino Adolescent Center

	1981 (10 months)	1981-82 (10 months)	1982-83 (10 months)	1983-84[a] (10 months)
Oral cycles	540	528	109	120
IUD's	14	9	3	10
Condoms (dozens)	500	440	450	1,065
Foams, jellies, creams (tubes)	14	76	84	350

[a]July 1983 on: from the initiation of the Youth Multipliers Program.

Table 4

THE YOUTH MULTIPLIERS PROGRAM (1983-84)
El Camino Adolescent Center

	July	August	September	October	November	December	January	February	8-month TOTAL
# Presentations	52	86	96	146	126	121	104	84	815
# Home Visits	139	187	174	162	208	163	157	122	1,312
Total # attending	3,829	5,659	6,721	7,479	5,783	5,128	8,258	4,668	47,525
Total of new young people referred to the Center by the youth multipliers	174	143	1,561	509	46	5	54	62	2,554
Barrier contraceptive methods distributed at the Center to young people referred by the youth multipliers (% of total # distributed):									
Condoms (dozens)	22 (81%)	142 (100%)	148 (90%)	253 (89%)	208 (81%)	9 (22%)	8 (38%)	83 (65%)	873 (82%)
Foam, jellies, creams (tubes)	39 (100%)	95 (100%)	26 (53%)	88 (100%)	12 (63%)	2 (13%)	4 (22%)	16 (59%)	282 (81%)

Table 5
SERVICES OF EL CAMINO ADOLESCENT CENTER (1979 - 1984)

	1979-80 (12 mos.)	1980-81 (12 mos.)	1981-82 (12 mos.)	1982-83 (10 mos.)	1983-84 (9 mos.)
EDUCATION & OUTREACH					
Visits to other youth institutions	34	64	33	26	49
Presentations at the Center	51	54	82	96	116
# attending	1,185	1,499	2,941	2,664	1,741
Vocational training courses	-	3	80	109	118
# participating	-	68	1,497	1,290	1,288
Recreational activities, sports and cultural events	31	75	265	724	819
# participating	580	1,799	6,377	8,616	9,887
SOCIAL SERVICES					
New cases	348	609	1,722	1,412	858
Cases referred to other institutions	59	226	140	56	36
Parental counseling (total #)	18	358	715	199	219
Cases referred to Center's psychologists	276	531	195	143	994
MEDICAL CLINIC					
Total cases	616	1,390	1,305	872	1,655
Patients referred	45	77	73	20	25
General medicine[a]	426	887	951	737	582
Venereal disease	88	266	197	66	94
Pre-natal consultations	47	128	72	49	32
Post-natal consultations	10	32	12	0	0
New acceptors of family planning					
Pills	73	198	138	42	9
IUD's	5	28	12	1	8
Condoms	161	341	169	197	760
Other	-	-	14	54	104
Total	239	567	333	294	881
DENTAL CLINIC					
Total cases	-	-	-	248	691
PROFESSIONAL VOLUNTEERS					
Psychologists[b]	-	7	10	17	10
Educators	-	2	3	4	3
Physicians[c]	-	-	-	2	1
Dentists[d]	-	-	-	2	2
Lab Assistants[d]	-	-	-	2	1

NOTE: As discussed in the text, grant changes from 1982 on changed the Center's operations. Notice that the fourth and fifth reporting periods summarized above are thus shorter than the previous 12-month periods.

[a]Includes routine examinations, gynecology and minor surgery.

[b]Personnel during 1979-80; university student volunteers 1980-present.

[c]Personnel during 1979-82, university student volunteers 1982-83; certified physician 1983-present.

[d]University student volunteers 1982-present.